

Exhibit 14



Revised June 2006

Use your browser's print button to print the following ERAS Document

Mail Id : 53313

ERAS® Document Submission Form**Instructions:**

Please submit this form along with any document(s) you want processed for your ERAS application including: original MSPE, photograph, original Letters of Recommendation (LoRs) and copy of medical school transcript. For LoRs, please be sure to list the names of the letter writers in the grid provided below. If you agreed to waive your right to view your LoR(s), your letter writer(s) must submit the "LOR Cover Sheet / Instructions for International Medical Graduates". The form can be found and downloaded at <http://www.aamc.org/students/eras/resources/>.

Note: Please do not send any documents that you do not intend to assign to programs as part of your application.

Applicant Name / AAMC ID:

John C. Nosa AKoda / 11450936

Applicant Signature:

Charles Akoda

Documents submitted with this form: (Please circle)

1. MSPE (must be an original)

YES

NO

2. Color Photograph

YES

NO

3. Medical School Transcript (copy)

(ERAS cannot access a medical transcript or photo that you may have sent to ECFMG for the purpose of ECFMG Certification.)

YES

NO

4. Original Letter(s) of Recommendation that are included in this mailing (enter name of letter writer):

| Letter Writer Names | |
|--------------------------|-------|
| Name: Dr A.O. Roberts | Name: |
| Name: Dr Phil Robertson | Name: |
| Name: Dr Charles Francis | Name: |
| Name: | Name: |
| Name: | Name: |

Submit the completed form with your documents to:**Regular mail:**

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